



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

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Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

TO: Chief Clerk of the Iowa House
Secretary of the Iowa Senate
Office of the Governor and Lt. Governor

FROM: Iowa Department of Public Health

DATE: January 11, 2013

RE: In response to SF 2336.

I am pleased to submit this report from the Iowa Department of Public Health (IDPH) in fulfillment of the requirements of Senate File 2336, Section 9 as passed by the Iowa Legislature and signed by Governor Branstad on May 25, 2012. Per the legislative charge, review was conducted of the regulatory boards, advisory councils, and committees under the purview of IDPH. The following report provides recommendations of improvements in efficiency, elimination of redundancies, and elimination of certain entities under consideration.

Dating back to the inception of the Iowa State Board of Health in 1880, IDPH has enjoyed a rich history of receiving feedback and direction from citizens through coordination of stakeholder boards, advisory councils, and commissions. Many of the department's boards were implemented by the General Assembly to serve as regulatory professional licensing bodies to oversee the practice of various professions serving Iowans. Promoting and protecting the health of Iowans is the mission of the department. Achievement of this mission is not possible without the input from the citizens of this state.

Periodically, it is prudent to review the many stakeholder groups that exist in the department. It is important to be sure that they continue to be unique in their charge and to have a clear and distinguishable purpose so that staff and funding resources can be utilized efficiently and effectively. The General Assembly's request for the development of this report is welcomed for those reasons. The department has worked to develop thoughtful recommendations for policy makers to consider.

Our task in this report has not been to pass judgment on the viability and worthiness of the work that each of these important boards, councils, and committees conduct. Rather, our effort has been focused on the efficient operations, appropriate organizational affiliation, and identification of duplication to ensure we can provide adequate staff resources to support the work of each group. Our recommendations offer policy makers ideas to organize and improve the structure of specific boards, councils, and committees to optimize the public direction, feedback, and function of these entities for the benefit of all Iowans.

We look forward to working with the members of the General Assembly, the Governor and Lt. Governor, and the public to answer questions about these recommendations. We appreciate the opportunity to provide them.

Sincerely,

Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director
Iowa Department of Public Health

IDPH Review of Boards, Committees, and Councils

In response to SF 2336
December 2012

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Executive Summary

[Senate File 2336](#), Sec. 9, directed the Iowa Department of Public Health (IDPH) to evaluate the boards, councils, and committees, that the department supports for duplication and improvements in efficiency. After a department-wide review, eighty-three entities were reviewed. The department's staff was asked to provide information for each entity under their purview. Suggestions for recommendations were requested for improvements in efficiencies and elimination of redundancies. The department director evaluated each of the submissions and directed staff to further develop the recommendations included in this report.

Establishment of Entities

Analysis of the data provided from staff, shows that the department's stakeholder entities are established for several reasons. Various General Assemblies have created at least 51 by establishing them in the Iowa Code. Some entities have been established by the department through administrative rule, and some are neither established by code or administrative rule. These entities are typically formed to fulfill federal grant requirements or to provide informal feedback for program managers to use as they implement new policies or procedures for new or existing programs.

Whether the General Assembly creates an entity or whether it has been convened by the department, the reasons for establishing them are generally the same. The state's elected officials and state departments need stakeholder assistance to understand the current status of an issue, how it is currently impacting Iowans, and how it will impact future generations. The utilization of the intellectual resources of this state's professionals, consumers, and advocates has provided the best ideas to move Iowa forward and to find workable solutions to barriers to the state's success. It is the reason that Iowa leads the nation on so many initiatives.

For example, the General Assembly created the e-Health Advisory Council under the purview of IDPH, to provide advice to the director, the Iowa Board of Health, the legislature, and the Governor, on the development and operation of the Iowa Health Information Network (IHIN). Due to the important and intensive work of the advisory council, Iowa enjoyed a positive national reputation for its work promoting the adoption and use of electronic health records. The council has played and will continue to play an instrumental role in laying the foundation for the development of the IHIN.

Entity Resources

The most important resource for all of the department's entities are the hundreds of volunteers and members that spend their time lending their expertise to the programs we implement. Making the best use of their limited and valuable time is imperative to continue to attract quality participants.

The funding streams for each entity vary. Of the 83 boards analyzed the following funding information is delineated:

- 1 entity is funded by a combination of federal and nonprofit grant funding.
- 3 entities are funded by a combination of state appropriations and federal funding.
- 10 are funded by federal appropriations only.
- 11 are funded by state appropriations only.
- 19 have no dedicated funding source.
- 37 are funded by fees retained by professional licensing boards to cover the costs of their operations.

Twenty-four boards serve as professional licensing bodies. A professional licensing board is a regulatory body established to protect the health of Iowans by providing oversight to many of the professions utilized for their social, behavioral health, and health care services. Nineteen of the professional licensing boards are administered within the Bureau of Professional Licensure (BPL) and provide regulation and licensure functions for thirty-nine different professions in the state. The Bureau consists of sixteen full-time-employees (FTEs) that share the responsibilities for providing administrative support to each board. The Bureau is funded with fees charged to licensees that are retained and reinvested into the operations of each board as provided for in Iowa Code Chapter [147.80](#).

In addition to the boards under the BPL, four additional professional licensing boards oversee the professions of medicine, dentistry, pharmacy, and nursing and within the umbrella of the department. More recently, IDPH has been directed to support the operation of the Plumbing and Mechanical Systems Licensing Board in the Environmental Health Division. Across all of these licensing functions, the department is responsible for regulating and licensing approximately 100,000 professionals in the state. The members of the twenty-four boards provide important professional and consumer guidance and regulatory oversight, ultimately working to protect the health of Iowans.

Recommendations

In the following pages, the department provides recommendations for improvements in efficiencies, reduction of duplication, or consolidation of 18 of the department's 83 boards, advisory councils, workgroups, and commissions.

Some of the recommendations will require legislative action to amend Iowa law. Other actions will require the department to initiate changes to administrative rules. Changes in other entities can be made administratively by the Director without need for formal action. For each recommendation, we have identified steps to assist policy makers in pursuit of implementation of these recommendations.

Finally, in the appendices to this report, are summaries of the information provided by staff that were used as the basis for this report including the following:

- Table of non-professional licensure advisory bodies.
- Table of boards under the bureau of professional licensure.
- Table of four medical boards and their subcommittees.

We emphasize that the department highly values the feedback and input provided by the professionals, advocates, community leaders, and citizens on every entity under our purview. We hope these recommendations provide a platform for discussion of the best use of resources needed to support these public bodies in pursuit of their missions.

Title: Evaluate the mission of the Trauma Systems Advisory Council and Systems Evaluation Quality Improvement Committee.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the three committees and councils supporting trauma programs in the department.

Background

Iowa Code creates two groups relating to trauma-related work in Iowa: the Trauma Systems Advisory Council (TSAC), and Systems Evaluation Quality Improvement Committee (SEQIC). Iowa Code and administrative rule language relating to the two groups can be found in the following table.

	TSAC	SEQIC
Purpose	<p>The council shall do all of the following:</p> <ul style="list-style-type: none"> a. Advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state. b. Assist the department in the implementation of an Iowa trauma care plan. c. Develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities. These categories shall be for levels I, II, III, and IV, based on the most current guidelines published by the American college of surgeons committee on trauma, the American college of emergency physicians, and the model trauma care plan of the United States department of health and human services' health resources and services administration. d. Develop a process for the verification of the trauma care capacity of each facility and the issuance of a certificate of verification. e. Develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries. f. Promote public information and education activities for injury prevention. g. Review the rules adopted under this subchapter and make recommendations to the director for changes to further promote optimal trauma care. <p>(Iowa Code 147A.24)</p>	<p>The department shall create a system evaluation and quality improvement committee to develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement. (Iowa Code 147A.25)</p> <p>Duties. The scope of the duties of SEQIC shall include, but not be limited to:</p> <ul style="list-style-type: none"> a. Analyzing trauma-related information and data provided by the department. b. Evaluating the standards for trauma care in Iowa's trauma system. c. Evaluating the effectiveness of Iowa's trauma care system. d. Recommending quality improvement strategies related to trauma care. e. Designing and recommending corrective action plans to the department for trauma care and trauma system improvement. f. Monitoring, evaluating, and reevaluating trauma system-related corrective action plans implemented by the department. g. Assisting with development of an annual SEQIC report. <p>(641 IAC 138.2(1))</p>
Appointment of Members	Director of IDPH (Iowa Code 147A.24)	Director of IDPH (Iowa Code 147A.25)
Membership	<ul style="list-style-type: none"> a. American academy of pediatrics; b. American college of emergency physicians, Iowa chapter; c. American college of surgeons, Iowa chapter; d. Department of public health; e. Governor's traffic safety bureau; f. Iowa academy of family 	<ul style="list-style-type: none"> a. Two trauma surgeons; b. One neurologic surgeon and one orthopedic surgeon; c. Two emergency physicians; d. Two trauma nurse coordinators; e. Two emergency nurses; f. Two out-of-hospital emergency medical care providers; g.

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	<p>physicians; g. Iowa emergency medical services association; h. Iowa emergency nurses association; i. Iowa hospital association representing rural hospitals; j. Iowa hospital association representing urban hospitals; k. Iowa medical society; l. Iowa osteopathic medical society; m. Iowa physician assistant society; n. Iowa society of anesthesiologists; o. Orthopedic system advisory council of the American academy of orthopedic surgeons, Iowa representative; p. Rehabilitation services delivery representative; q. State emergency medical services medical director; r. State medical examiner; s. Trauma nurse coordinator representing a trauma registry hospital; t. University of Iowa, injury prevention research center. (Iowa Code 147A.24)</p>	<p>Department of public health trauma coordinator; h. Iowa foundation of medical care director; i. State emergency medical services medical director; j. Two anesthesiologists; k. Two family physicians; l. Two physician assistants. (Iowa Code 147A.25)</p>
Meeting Frequency	Three times yearly, other times as needed	Three times yearly
Expenses Reimbursement	Yes	Yes

Analysis

The analysis above suggests a close alignment in goals and responsibilities between the SEQIC and TSAC groups in the following ways:

- 1) Both groups focus on the trauma system - TSAC on policy and SEQIC on performance and improvement
- 2) For all but one enumerated stakeholder (Iowa Foundation for Medicare Care), the entire SEQIC membership also is represented on TSAC.
- 3) Operationally, the groups frequently report to each other regarding their activities that may have a bearing on the other group.
- 4) In the case of rules development, subcommittees and workgroups of these two bodies are convened to ensure cross-organizational perspectives are shared, and also with the department’s Emergency Medical Services Advisory Council.

Recommendation

As a result of the above analysis, the department recommends that the General Assembly amend the Iowa Code to allow for the consolidation of the TSAC and SEQIC to achieve the following benefits:

- 1) Recognize the limited staffing resources available to IDPH for EMS and trauma functions and eliminate the need to prepare and support separate meetings for groups with similar goals.
- 2) Would allow for a single entity to advise the Department on the trauma system and evaluate its performance in Iowa.
- 3) Reduced demand on committee and council members if the two groups were merged.
- 4) This action will simplify meeting attendance and eliminate the need for cross-group reporting that now occurs at these meetings.
- 5) Depending on the frequency of meetings for the combined group, this can result in travel-related cost savings.

Title: Evaluate the Board of Athletic Training and Board of Physical and Occupational Therapy.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the Board of Athletic Training and Board of Physical and Occupational Therapy in the Department.

Background

Iowa Code creates the following boards to oversee the licensure of athletic trainers and physical and occupational therapists. Code references are below.

	Board of Athletic Trainers	Board of Physical & Occupational Therapy
Purpose	<p>Enabling Code establishing licensure in 1994.</p> <p>Iowa Code Chapter 152D 147.2 License required.</p> <p>1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, athletic training, acupuncture, nursing home administration, hearing aid dispensing, or sign language interpreting or transliterating, or shall not practice as a physician assistant, unless the person has obtained a license for that purpose from the board for the profession.</p>	<p>Enabling Code establishing licensure in 1981.</p> <p>Iowa Code Chapters 148A and 148B 147.2 License required.</p> <p>1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, athletic training, acupuncture, nursing home administration, hearing aid dispensing, or sign language interpreting or transliterating, or shall not practice as a physician assistant, unless the person has obtained a license for that purpose from the board for the profession.</p>
Appointment of Members	<p>147.12 Health profession boards.</p> <p>1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.</p>	<p>147.12 Health profession boards.</p> <p>1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.</p>

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Membership	147 <i>r</i> . For athletic trainers, three members licensed to practice athletic training, three members licensed to practice medicine and surgery, and one member not licensed to practice athletic training or medicine and surgery and who shall represent the general public.	147 <i>j</i> . For physical therapy and occupational therapy, three members licensed to practice physical therapy, two members licensed to practice occupational therapy, and two members who are not licensed to practice physical therapy or occupational therapy and who shall represent the general public.
Meeting Frequency	Quarterly	Quarterly
Expenses Reimbursement	7E.6 Compensation of members of boards, committees, commissions, and councils. 1. <i>a</i> . Any position of membership on any board, committee, commission, or council in the executive branch of state government which is compensated by the payment of a per diem to the holder of that position under statutory law shall be compensated at the rate of fifty dollars per diem, notwithstanding any other law to the contrary. <i>b</i> . Reimbursement of expenses to the holder of any position governed by this subsection shall be as provided in the applicable law.	7E.6 Compensation of members of boards, committees, commissions, and councils. 1. <i>a</i> . Any position of membership on any board, committee, commission, or council in the executive branch of state government which is compensated by the payment of a per diem to the holder of that position under statutory law shall be compensated at the rate of fifty dollars per diem, notwithstanding any other law to the contrary. <i>b</i> . Reimbursement of expenses to the holder of any position governed by this subsection shall be as provided in the applicable law.
Special Provisions Common code and administrative rules.	All boards legislatively follow IA Code Chapter 17A , 147 , and 272C . Common Administrative Rules for all boards: Chapter 4 Board Administrative Processes Chapter 5 Fees Chapter 6 Petitions for Rule Making Chapter 7 Agency Procedure for Rule Making Chapter 8 Declaratory Orders Chapter 9 Complaints and Investigations Chapter 10 Public records and Fair Information Practices Chapter 11 Contested Cases Chapter 12 Informal Settlement Chapter 13 Discipline Chapter 16 Impaired Practitioner Review Committee Chapter 17 Materials for Board Review Chapter 18 Waivers of Variances from Administrative Rules	All boards legislatively follow IA Code Chapter 17A , 147 , and 272C . Common Administrative Rules for all boards: Chapter 4 Board Administrative Processes Chapter 5 Fees Chapter 6 Petitions for Rule Making Chapter 7 Agency Procedure for Rule Making Chapter 8 Declaratory Orders Chapter 9 Complaints and Investigations Chapter 10 Public records and Fair Information Practices Chapter 11 Contested Cases Chapter 12 Informal Settlement Chapter 13 Discipline Chapter 16 Impaired Practitioner Review Committee Chapter 17 Materials for Board Review Chapter 18 Waivers of Variances from Administrative Rules

Analysis:

1. Similar scope of practice between both groups. (91 licensees are licensed as athletic trainers and physical therapists)
2. Both groups have few disciplinary actions provided against licensees.

Recommendations:

1. Amend Iowa Code to consolidate these two licensing boards.
 - a. Athletic trainers and physical therapists are familiar with each other's scope of practice and so combining responsibilities will take advantage of these regulatory and practice-based similarities.
 - b. Board membership may be reduced resulting in cost savings.

Title: Evaluate the Board of Barbering and Board of Cosmetology Arts and Sciences.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the Board of Barbering and the Board of Cosmetology Arts and Sciences in the department.

Background

Iowa Code creates the following boards to oversee the licensure of barbers, barber shops, barber schools, cosmetologists, cosmetology schools, salons, electrologists, estheticians, and nail technicians. Code references are below.

	Board of Barbering	Board of Cosmetology Arts & Sciences
Purpose	<p>Enabling Code establishing licensure in 1927. Iowa Code Chapter 158 147.2 License required. 1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, athletic training, acupuncture, nursing home administration, hearing aid dispensing, or sign language interpreting or transliterating, or shall not practice as a physician assistant, unless the person has obtained a license for that purpose from the board for the profession.</p>	<p>Enabling Code establishing licensure in 1927. Iowa Code Chapter 157 147.2 License required. 1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, athletic training, acupuncture, nursing home administration, hearing aid dispensing, or sign language interpreting or transliterating, or shall not practice as a physician assistant, unless the person has obtained a license for that purpose from the board for the profession.</p>
Appointment of Members	<p>147.12 Health profession boards. 1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.</p>	<p>147.12 Health profession boards. 1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.</p>
Membership	<p><i>147a.</i> For barbering, three members licensed to practice barbering and two members who are not licensed to practice barbering and who shall represent the general public.</p>	<p><i>147 n.</i> For cosmetology arts and sciences, a total of seven members, three who are licensed cosmetologists, one who is a licensed electrologist, esthetician, or nail technologist, one who is a licensed instructor of cosmetology arts and sciences at a public</p>

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		or private school and who does not own a school of cosmetology arts and sciences, and two who are not licensed in a practice of cosmetology arts and sciences and who shall represent the general public.
Meeting Frequency	Quarterly	Quarterly
Expenses Reimbursement	<p><u>7E.6</u> Compensation of members of boards, committees, commissions, and councils.</p> <p>1. <i>a.</i> Any position of membership on any board, committee, commission, or council in the executive branch of state government which is compensated by the payment of a per diem to the holder of that position under statutory law shall be compensated at the rate of fifty dollars per diem, notwithstanding any other law to the contrary.</p> <p><i>b.</i> Reimbursement of expenses to the holder of any position governed by this subsection shall be as provided in the applicable law.</p>	<p><u>7E.6</u> Compensation of members of boards, committees, commissions, and councils.</p> <p>1. <i>a.</i> Any position of membership on any board, committee, commission, or council in the executive branch of state government which is compensated by the payment of a per diem to the holder of that position under statutory law shall be compensated at the rate of fifty dollars per diem, notwithstanding any other law to the contrary.</p> <p><i>b.</i> Reimbursement of expenses to the holder of any position governed by this subsection shall be as provided in the applicable law.</p>
<p>Special Provisions</p> <p>Common code and administrative rules.</p>	<p>All boards legislatively follow IA Code Chapter 17A, 147, and 272C. Common Administrative Rules for all boards: Chapter 4 Board Administrative Processes Chapter 5 Fees Chapter 6 Petitions for Rule Making Chapter 7 Agency Procedure for Rule Making Chapter 8 Declaratory Orders Chapter 9 Complaints and Investigations Chapter 10 Public records and Fair Information Practices Chapter 11 Contested Cases Chapter 12 Informal Settlement Chapter 13 Discipline Chapter 16 Impaired Practitioner Review Committee Chapter 17 Materials for Board Review Chapter 18 Waivers of Variances from Administrative Rules</p>	<p>All boards legislatively follow IA Code Chapter 17A, 147, and 272C. Common Administrative Rules for all boards: Chapter 4 Board Administrative Processes Chapter 5 Fees Chapter 6 Petitions for Rule Making Chapter 7 Agency Procedure for Rule Making Chapter 8 Declaratory Orders Chapter 9 Complaints and Investigations Chapter 10 Public records and Fair Information Practices Chapter 11 Contested Cases Chapter 12 Informal Settlement Chapter 13 Discipline Chapter 16 Impaired Practitioner Review Committee Chapter 17 Materials for Board Review Chapter 18 Waivers of Variances from Administrative Rules</p>

Analysis:

1. Similar scope of practice and licensure types exist between both groups.
2. While the boards oversee the largest number of active licenses, the time preparation for board meetings would be reduced.

Recommendation:

1. Amend Iowa Code to consolidate the operations and structure of these two licensing boards, with the following benefits:

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- a. Consolidation takes advantage of the foundational work they both currently conduct in the way of licensing professions, establishments, and schools.
- b. The scopes of practice are similar between the two boards. Additional effort to educate board members of these additional responsibilities would be minimal.
- c. Board membership may be reduced resulting in cost savings.

Title: Evaluate the Board of Hearing Aid Dispensers and Board of Speech Pathology and Audiology.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the Board of Hearing Aid Dispensers and the Board of Speech Pathology and Audiology in the department.

Background

Iowa Code creates the following boards to oversee the licensure of hearing aid dispensers and speech pathologists and audiologists. Code references are below.

	Board of Hearing Aid Dispensers	Board of Speech Pathology & Audiology
Purpose	<p>Enabling Code establishing licensure in 1974. IA Code Chapter 154A 147.2 License required. 1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, athletic training, acupuncture, nursing home administration, hearing aid dispensing, or sign language interpreting or transliterating, or shall not practice as a physician assistant, unless the person has obtained a license for that purpose from the board for the profession.</p>	<p>Enabling Code establishing licensure in 1976. IA Code Chapter 154E 147.2 License required. 1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, athletic training, acupuncture, nursing home administration, hearing aid dispensing, or sign language interpreting or transliterating, or shall not practice as a physician assistant, unless the person has obtained a license for that purpose from the board for the profession.</p>
Appointment of Members	<p>147.12 Health profession boards. 1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.</p>	<p>147.12 Health profession boards. 1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.</p>
Membership	<p>147 v For hearing aid dispensers, three licensed hearing aid dispensers and two members who are not licensed hearing aid dispensers who shall represent the general public. No more than two members of the board shall be employees of, or dispensers</p>	<p>147 f For speech pathology and audiology, five members licensed to practice speech pathology or audiology at least two of whom shall be licensed to practice speech pathology and at least two of whom shall be licensed to practice audiology, and two</p>

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	principally for, the same hearing aid manufacturers.	members who are not licensed to practice speech pathology or audiology and who shall represent the general public.
Meeting Frequency	Quarterly	Quarterly
Expenses Reimbursement	<p>7E.6 Compensation of members of boards, committees, commissions, and councils.</p> <p>1. <i>a.</i> Any position of membership on any board, committee, commission, or council in the executive branch of state government which is compensated by the payment of a per diem to the holder of that position under statutory law shall be compensated at the rate of fifty dollars per diem, notwithstanding any other law to the contrary.</p> <p><i>b.</i> Reimbursement of expenses to the holder of any position governed by this subsection shall be as provided in the applicable law.</p>	<p>7E.6 Compensation of members of boards, committees, commissions, and councils.</p> <p>1. <i>a.</i> Any position of membership on any board, committee, commission, or council in the executive branch of state government which is compensated by the payment of a per diem to the holder of that position under statutory law shall be compensated at the rate of fifty dollars per diem, notwithstanding any other law to the contrary.</p> <p><i>b.</i> Reimbursement of expenses to the holder of any position governed by this subsection shall be as provided in the applicable law.</p>
<p>Special Provisions</p> <p>Common code and administrative rules.</p>	<p>All boards legislatively follow IA Code Chapter 17A, 147, and 272C. Common Administrative Rules for all boards: Chapter 4 Board Administrative Processes Chapter 5 Fees Chapter 6 Petitions for Rule Making Chapter 7 Agency Procedure for Rule Making Chapter 8 Declaratory Orders Chapter 9 Complaints and Investigations Chapter 10 Public records and Fair Information Practices Chapter 11 Contested Cases Chapter 12 Informal Settlement Chapter 13 Discipline Chapter 16 Impaired Practitioner Review Committee Chapter 17 Materials for Board Review Chapter 18 Waivers of Variances from Administrative Rules</p>	<p>All boards legislatively follow IA Code Chapter 17A, 147, and 272C. Common Administrative Rules for all boards: Chapter 4 Board Administrative Processes Chapter 5 Fees Chapter 6 Petitions for Rule Making Chapter 7 Agency Procedure for Rule Making Chapter 8 Declaratory Orders Chapter 9 Complaints and Investigations Chapter 10 Public records and Fair Information Practices Chapter 11 Contested Cases Chapter 12 Informal Settlement Chapter 13 Discipline Chapter 16 Impaired Practitioner Review Committee Chapter 17 Materials for Board Review Chapter 18 Waivers of Variances from Administrative Rules</p>

Analysis:

1. One hundred fifty (150) hearing aid dispenser licensees also hold a license as an audiologist.
2. Both groups have met to discuss eliminating required hearing aid dispenser licensure if the licensee is also licensed as an audiologist.
3. If a complaint is filed against a dual-licensed audiologist and hearing aid dispenser, both boards must be part of the investigation.

Recommendation:

1. Amend Iowa Code to enable consolidation of these two licensing boards with the following benefits:

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- a. Combining the groups into one licensure board would remove dual licensure fees and requirements and still provide professional oversight.
- b. Hearing aid dispensers and audiologists are familiar with each other's scope of practice.
- c. Board membership may be reduced resulting in cost savings.

Title: Evaluate the Board of Physician Assistants.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the Board of Physician Assistants in the department.

Background

Iowa Code creates the following board to oversee the licensure of Physician Assistants. Code references are below.

	Board of Physician Assistants	Board of Medicine
Purpose	<p>Enabling Code establishing licensure in 1988. Iowa Code Chapter 148C 147.2 License required. 1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, athletic training, acupuncture, nursing home administration, hearing aid dispensing, or sign language interpreting or transliterating, or shall not practice as a physician assistant, unless the person has obtained a license for that purpose from the board for the profession.</p>	<p>Enabling Code establishing licensure in 1886. Iowa Code Chapters 147.13(1), 148, 148E 147.2 License required. 1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, athletic training, acupuncture, nursing home administration, hearing aid dispensing, or sign language interpreting or transliterating, or shall not practice as a physician assistant, unless the person has obtained a license for that purpose from the board for the profession.</p>
Appointment of Members	<p>147.12 Health profession boards. 1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.</p>	<p>147.12 Health profession boards. 1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.</p>
Membership	<p><i>147 i.</i> For the board of physician assistants, five members licensed to practice as physician assistants, at least two of whom practice in counties with a population of less than fifty thousand, one member licensed to practice medicine and surgery who supervises a physician assistant, one member licensed to practice</p>	<p><i>147 b.</i> For medicine, five members licensed to practice medicine and surgery, two members licensed to practice osteopathic medicine and surgery, and three members not licensed to practice either medicine and surgery or osteopathic medicine and surgery, and who shall represent the general public.*</p>

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	osteopathic medicine and surgery who supervises a physician assistant, and two members who are not licensed to practice either medicine and surgery or osteopathic medicine and surgery or licensed as a physician assistant and who shall represent the general public. At least one of the physician or osteopathic physician members shall be in practice in a county with a population of less than fifty thousand.	
Meeting Frequency	As needed. Not specified by Code.	As needed. Not specified by Code.
Expenses Reimbursement	7E.6 Compensation of members of boards, committees, commissions, and councils. 1. <i>a.</i> Any position of membership on any board, committee, commission, or council in the executive branch of state government which is compensated by the payment of a per diem to the holder of that position under statutory law shall be compensated at the rate of fifty dollars per diem, notwithstanding any other law to the contrary. <i>b.</i> Reimbursement of expenses to the holder of any position governed by this subsection shall be as provided in the applicable law.	7E.6 Compensation of members of boards, committees, commissions, and councils. 1. <i>a.</i> Any position of membership on any board, committee, commission, or council in the executive branch of state government which is compensated by the payment of a per diem to the holder of that position under statutory law shall be compensated at the rate of fifty dollars per diem, notwithstanding any other law to the contrary. <i>b.</i> Reimbursement of expenses to the holder of any position governed by this subsection shall be as provided in the applicable law.
Special Provisions Common code and administrative rules.	All boards legislatively follow IA Code Chapter 17A , 147 , and 272C . Common Administrative Rules for all boards: Chapter 4 Board Administrative Processes Chapter 5 Fees Chapter 6 Petitions for Rule Making Chapter 7 Agency Procedure for Rule Making Chapter 8 Declaratory Orders Chapter 9 Complaints and Investigations Chapter 10 Public records and Fair Information Practices Chapter 11 Contested Cases Chapter 12 Informal Settlement Chapter 13 Discipline Chapter 16 Impaired Practitioner Review Committee Chapter 17 Materials for Board Review Chapter 18 Waivers of Variances from Administrative Rules	All boards legislatively follow IA Code Chapter 17A , 147 , and 272C .

Analysis:

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1. Similar scope of practice between both groups.

Recommendation:

1. Amend Iowa Code to enable the consolidation of the boards along with their administrative and licensing functions, with the following benefits:
 - a. Physician Assistants are supervised by physicians and are familiar with each other's scope of practice.
 - b. Board membership may be reduced resulting in cost savings.

Title: Considerations for the Abuse Education Review Panel.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for identification of efficiencies and duplication across groups. This background paper evaluates the Abuse Education Review Panel in the department.

Background

The Abuse Education Review Panel is established under IDPH pursuant to Iowa Code section [135.11](#):

“Duties of department ...

24. Establish an abuse education review panel for review and approval of mandatory reporter training curricula for those persons who work in a position classification that under law makes the persons mandatory reporters of child or dependent adult abuse and the position classification does not have a mandatory reporter training curriculum approved by a licensing or examining board.”

The review panel has not met for several years. Per the direction of the last review panel, IDPH approves mandatory reporter training curricula that are based on and align with previously approved curricula.

IDPH submitted a [report](#) to the Governor and General Assembly on December 14, 2012, responding to the legislative directive in [Senate File 2225](#) Mandatory Child Abuse Reporter Training – Committee Review to convene a stakeholder committee to review the training resources for mandatory reporters of child abuse. The review committee was directed to address:

“... the current training resources and identify options for increasing the frequency of the training and the availability of profession-specific training and for enhancing the effectiveness and quality of the training. The results of the review, including findings, recommendations, and cost projections, shall be submitted to the governor and general assembly on or before December 15, 2012.”

The review committee recommended convening a work group to establish mandatory reporter training curricula and requirements for trainers and to identify indicated changes in related Iowa Code and Iowa Administrative Rules.

Recommendations:

1. Eliminate the Abuse Education Review Panel, or

2. Consider continuation/elimination of the Abuse Education Review Panel through the work group to be established pursuant to SF 2225.

Title: Recommendations for the Advisory Council on Brain Injuries.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for identification of efficiencies and duplication across groups. This background paper evaluates the Advisory Council on Brain Injuries (ACBI) in the department.

Background

The ACBI is established under IDPH pursuant to Iowa Code section [135.22A](#). The ACBI mission is to represent individuals with brain injury, their families, ... through advocacy, education, training, rehabilitation, research and prevention ... (641 IAC [55.2](#))

The ACBI shall (Iowa Code [135.22A\(6\)](#)):

- a. Promote meetings and programs ... to reduce the debilitating effects of brain injuries, and disseminate information in cooperation with any other department, agency, or entity on the prevention, evaluation, care, treatment, and rehabilitation of persons affected by brain injuries.
- b. Study and review current prevention, evaluation, care, treatment, and rehabilitation technologies and recommend appropriate preparation, training, retraining, and distribution of personnel and resources in the provision of services to persons with brain injuries ...
- c. Participate in developing and disseminating criteria and standards which may be required for future funding or licensing of facilities, day programs, and other specialized services for persons with brain injuries in this state.
- d. Make recommendations to the governor for developing and administering a state plan to provide services for persons with brain injuries.
- e. Meet at least quarterly.

The ACBI shall be composed of a minimum of nine members appointed by the governor in addition to the ex officio members, and the governor may appoint additional members. (Iowa Code [135.22A\(3\)](#)) ... the ACBI shall include persons with brain injuries; family members of persons with brain injuries; representatives of industry, labor, business, and agriculture; representatives of federal, state, and local government; and representatives of religious, charitable, fraternal, civic, educational, medical, legal, veteran, welfare, and other professional groups and organization. (Iowa Code [135.22A\(3\)](#)).

ACBI members are reimbursed for travel in a private car, lodging and meal expenses, and public transportation expenses. (Iowa Code [135.22A\(5\)](#))

The following persons/designees serve as ex officio, nonvoting members of ACBI (Iowa Code [135.22A\(2\)](#)):

- a. The director of public health.
- b. The director of human services and any division administrators ... assigned by the director.
- c. The director of the department of education.
- d. The chief of the special education bureau of the department of education.
- e. The administrator of the division of vocational rehabilitation services of the department of education.
- f. The director of the department for the blind.

- g. The commissioner of insurance.

Recommendations:

1. Reduce the number of meetings from four to two-three meetings yearly. One would be conducted through electronic communication. Benefits derived from this reduction are savings from a reduction in travel-related expenses for these board members.
2. Consider future Code changes to merge the Advisory Council on Brain Injury/IDPH responsibilities with the current DHS Mental Health and Disability Services Commission.

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Title: Considerations for the Domestic Abuse Death Review Team.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for identification of efficiencies and duplication across groups. This background paper evaluates the Domestic Abuse Death Review Team (DARDT) in the department.

Background

Iowa Code Chapter [135](#) established the DARDT in 2000 at the recommendation of the Lt. Governor's Advisory Council on Violence Against Women. Administrative rules are in IAC [641] [Chapter 91](#). The purpose of the DARDT has been to review Iowa deaths resulting from domestic abuse and make prevention recommendations to state agencies and the legislature. From 2000-2004, funds were appropriated to support a part-time FTE and DARDT expenses. Since 2005, expenses for administering the DARDT have been included in an IDPH contract with the Iowa Attorney General's Office.

DARDT reviews 16-20 cases annually through six 4-hour meetings. Reports are issued every two years. There are thirteen active appointed members and eight state agency liaisons serve on the team. In addition to meeting and travel time, Review Team members spend an average of six hours on related work for each meeting.

Examples of DARDT recommendations that have been implemented:

- Iowa judges now have uniform orders to use when processing domestic abuse cases that include the removal of firearms from dangerous offenders.
- Iowa law now permits a prosecutor to increase the level of charge filed against an abuser who strangles the victim, because it is considered a potentially lethal action.
- A series of training sessions was offered to better equip first responders in assessment and documentation of strangulation injuries.
- A guide to the media was produced to assist in covering domestic abuse homicides and to educate the public about its prevention.

Recommendations:

1. Eliminate Domestic Abuse Death Review Team by changing Code to combine responsibilities with IDPH Child Death Review Team (currently reviews 1-3 cases per year).
2. Reduce Domestic Abuse Death Review Team meetings from 6 per year to 2 and narrow focus to targeted complex cases requiring expert analysis.
3. Consider Code changes to transition Domestic Abuse Death Review Team responsibilities to another State agency doing related work, e.g. Attorney General, Human Rights, or Public Safety. Because review of domestic abuse deaths is tied to the scope of work for a current IDPH federal grant, it is recommended that the review of case data continue. If DARDT work were transferred to another agency, a Code change might be required for IDPH to have access to confidential death and law enforcement records.

Title: Considerations for the Iowa Gambling Treatment Program Advisory Committee.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for identification of efficiencies and duplication across groups. This background paper evaluates the Iowa Gambling Treatment Program Advisory Committee in the department.

Background

The Advisory Committee is not required by Iowa Code. Prior to 2011, the Office of Problem Gambling Treatment and Prevention convened the advisory committee on a quarterly basis as a formal IDPH committee with by-laws and appointed membership, to:

1. advise IDPH regarding services for gamblers and concerned persons affected by problem gambling behavior, and
2. assist IDPH in the design and implementation of gambling treatment program services.

In 2011 and through July 2012, the advisory committee continued to meet each quarter, but by-laws and official membership were eliminated. Effective July 2012, the quarterly meeting schedule was discontinued. Instead, the Office of Problem Gambling Treatment and Prevention schedules stakeholder meetings in Des Moines on specific topics, on an as-needed basis. No travel reimbursement or other expenses are paid.

Recommendations:

1. Continue to schedule stakeholder meetings on an as needed, topic specific basis.
2. Expand opportunities for stakeholders to participate in meetings through electronic meeting options.

Title: Considerations for the Viral Hepatitis Taskforce.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for identification of efficiencies and duplication across groups. This background paper evaluates the Viral Hepatitis Taskforce in the department.

Background

In January 2004, IDPH received funding from the Council of State and Territorial Epidemiologists (CSTE) to write a plan for preventing transmission of viral hepatitis in Iowa. IDPH convened the Viral Hepatitis Taskforce to develop and monitor goals. The goals were formalized into a plan detailing how Iowa would approach prevention and management of viral hepatitis. Since that time, the Taskforce has met 1-2 times a year to evaluate and revise the plan.

Taskforce membership has included representatives from:

- Hepatology, Gastroenterology, and Infectious Disease
 - Private practice physicians, nurses, and Physician Assistants
 - University of Iowa physicians
- Iowa Department of Corrections
- Local public health departments
- Primary healthcare clinics
- Pharmaceutical industry
- Iowa Department of Public Health
- Iowa Department of Education
- Substance abuse prevention and treatment facilities
- HIV Community Planning Group (CPG)
- Persons living with or affected by viral hepatitis

State general funds (hepatitis) are used for eligible expense reimbursement.

The composition of the Task Force aligns with the HIV Community Planning Group (CPG):

- 1) Many members are the same (public health, corrections, education, substance abuse, infectious disease).
- 2) The Viral Hepatitis Prevention Coordinator serves as a technical advisor to the CPG, and presents updates annually that address progress on the hepatitis prevention goals developed by the Viral Hepatitis Taskforce.
- 3) HIV and viral hepatitis share similar modes of transmission (sexual, blood-borne, injection drug use) and populations at risk.
- 4) Prevention strategies are similar.

In addition,

- 1) Leadership and funding for CPG and Viral Hepatitis Taskforce are in the same IDPH Bureau.
- 2) Prevention programs for HIV and viral hepatitis reside within the Center for HIV, Hepatitis, STD, and TB Prevention at the (CDC).

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- 3) Consumers have formed an advocacy group that addresses both HIV and hepatitis called the Community HIV and Hepatitis Advocates in Iowa Network (CHAIN).
- 4) The CPG has a quarterly meeting schedule and federal support for the planning meetings.
- 5) The National Alliance of State and Territorial AIDS Directors (NASTAD), a national technical assistance provider for state HIV programs, includes viral hepatitis in its portfolio.

Recommendation:

1. Eliminate the Viral Hepatitis Task Force and integrate its activities into the HIV Community Planning Group (CPG). The benefits of this change in administering the activities of the group will be a reduction in spending on task force expenses, greater alignment of initiatives aimed at the same target populations (i.e. injecting drug users, men who have sex with men, and high risk heterosexuals), a more holistic approach to prevention and care initiatives, and better use of time for infectious disease experts and local public health staff.

Title: Considerations for the Infertility Prevention Program Advisory Council.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for identification of efficiencies and duplication across groups. This background paper evaluates the Infertility Prevention Project (IPP) in the department.

Background

A cooperative agreement between IDPH and the Centers for Disease Control and Prevention (CDC) recommends that a council consisting of parties within the state who have a role in infertility prevention efforts be established to oversee the IPP. The council's members include the CDC STD prevention grantee (IDPH), the IPP Coordinator (a contractor), the Title X family planning grantees (IDPH and the Family Planning Council of Iowa), and the State Hygienic Laboratory at the University of Iowa.

The Council directs the activities of the Iowa IPP. It guides and evaluates activities related to screening for chlamydia and gonorrhea and control of these infections. The IPP Council acts upon recommendations from CDC to target screening and prevention efforts to have the highest impact on the reduction of overall morbidity within the state. It reviews testing and prevalence monitoring data to determine whether the program is using resources effectively, reaching target populations appropriately, and distributing treatment medications in an effective manner.

IPP Council members include IDPH staff (HIV, STD, and Hepatitis Bureau Chief, STD Program Manager, and Bureau of Family Health/Office of Reproductive Health), IPP Coordinator, Title X Family Planning grantees, Family Planning Council of Iowa, and State Public Health Laboratory personnel.

Meetings are held quarterly in Des Moines. No travel expenses or other reimbursement.

Recommendations:

1. Continue the IPP Council through the duration of the current CDC grant, which ends December 31, 2013. Eliminate the IPP Council when the grant ends.
2. Reduce IPP Council meetings in 2013 from 4 to 3.

Title: Evaluate the mission of the Hemophilia Advisory Committee

Briefing Document

Issue: General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the Hemophilia Advisory Committee supporting the genetic/genomic programs in the Department.

Background

Iowa Code [Chapter 135N](#) created the Hemophilia Advisory Committee (HAC) to provide recommendations on cost-effective treatment programs that enhance the quality of life of those afflicted with hemophilia and contain the high cost of treatment.

2010 Iowa Acts ch1031 §399 State Government Reorganization repealed the entire Iowa Code chapter 135N.

Upon the repeal of Chapter 135N, members of the Hemophilia Advisory Committee were invited to nominate members to the Congenital and Inherited Disorders Advisory Committee (CIDAC), the department's advisory body for heritable conditions, such as hemophilia. Despite the invitation to HAC members for participation on CIDAC and regular CIDAC meeting notices, no members have been nominated for membership or have attended any subsequent CIDAC meetings.

Recommendation:

As a result of the repeal of Iowa Code Chapter 135N, it is recommended that the department eliminate the Hemophilia Advisory Committee from its health advisory bodies.

Title: Evaluate the mission of the Health and Long Term Care Advisory Council (technical advisory committee).

Briefing Document

Issue: General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the Health and Long-Term Advisory Council in the Department.

Background

Iowa Code Section [135.163](#) creates a technical advisory committee and a workforce advisory council called the Health and Long-Term Care Advisory Council (HLTCAC). Code language relating to the Council can be found in the following table.

	Health and Long-Term Care Access Advisory Council
Purpose	<p>This technical advisory committee (HLTCAC) is to assist IDPH in the development of the strategic plan described in 135.64. The initial statewide health care delivery infrastructure and resources strategic plan was to be submitted to the Governor and the General Assembly by January 1, 2010, and updates to the plan every two years thereafter as required in 135.163 & 135.164.</p> <p>Further, in developing the health care workforce resources plan, an advisory council was to be established to inform and advise the department and policymakers regarding issues relevant to the health care workforce in Iowa. NOTE: The department elected to establish one committee (HLTCAC) instead of two separate groups while ensuring the legislative intent was preserved.</p> <p>Legislation required the Iowa Department of Public Health (IDPH), in cooperation with other specified state agencies, to coordinate public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well-qualified, diverse, and sustainable health care workforce in this state. The requirements were broad in scope, and included descriptive elements, data collection and distribution requirements, and planning strategies. Scope of the work included 1) developing a strategic plan for health care delivery infrastructure and health care workforce resources in this state; 2) providing for the continuous collection of data to provide a basis for health care strategic planning and health care policymaking; and 3) making recommendations regarding the health care delivery infrastructure and the health care workforce that assists in monitoring current needs, predicting future trends, and informing policymaking.</p> <p>The strategic plan shall include statewide health planning policies and goals related to the availability of health care facilities and services, the quality of care, and the cost of care.</p> <p>The policies and goals shall be based on the following principles:</p> <ol style="list-style-type: none"> a. That a strategic health planning process, responsive to changing health and social needs and conditions, is essential to the health, safety, and welfare of Iowans. The process shall be reviewed and updated as necessary to ensure that the strategic plan addresses all of the following: <ol style="list-style-type: none"> 1. Promoting and maintaining the health of all Iowans. 2. Providing accessible health care services through the maintenance of an adequate supply of health facilities and an adequate workforce. 3. Controlling excessive increases in costs. 4. Applying specific quality criteria and population health indicators. 5. Recognizing prevention and wellness as priorities in health care programs.

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	<p>6. Addressing periodic priority issues including disaster planning, public health threats, and public safety dilemmas.</p> <p>7. Coordinating health care delivery and resource development efforts among state agencies including those tasked with facility, services, and professional provider licensure; state and federal reimbursement; health service utilization data systems; and others.</p> <p>8. Recognizing long-term care as an integral component of the health care delivery infrastructure and as an essential service provided by the health care workforce.</p> <p>b. That both consumers and providers throughout the state must be involved in the health planning process, outcomes of which shall be clearly articulated and available for public review and use.</p> <p>c. That the supply of a health care service has a substantial impact on utilization of the service, independent of the effectiveness, medical necessity, or appropriateness of the particular health care service for a particular individual.</p> <p>d. That given that health care resources are not unlimited, the impact of any new health care service or facility on overall health expenditures in this state must be considered.</p> <p>e. That excess capacity of health care services and facilities places an increased economic burden on the public.</p> <p>f. That the likelihood that a requested new health care facility, service, or equipment will improve health care quality and outcomes must be considered.</p> <p>g. That development and ongoing maintenance of current and accurate health care information and statistics related to cost and quality of health care and projections of the need for health care facilities and services are necessary to developing an effective health care planning strategy.</p> <p>h. That the certificate of need program as a component of the health care planning regulatory process must balance considerations of access to quality care at a reasonable cost for all Iowans, optimal use of existing health care resources, fostering of expenditure control, and elimination of unnecessary duplication of health care facilities and services, while supporting improved health care outcomes.</p> <p>i. That strategic health care planning must be concerned with the stability of the health care system, encompassing health care financing, quality, and the availability of information and services for all residents.</p>
<p>Appointment of Members</p>	<p>Director of IDPH</p> <p>Legislative language directs IDPH to establish a technical advisory committee to assist in the development of the strategic plan. The members of the committee may include but are not limited to health economists, representatives of the university of Iowa college of public health, health planners, representatives of health care purchasers, and representatives of state and local agencies that regulate entities involved in health care, representatives of health care providers and health care facilities, and consumers.</p>
<p>Membership</p>	<p>Current members include one representative from each of the following organizations/groups:</p> <ol style="list-style-type: none"> 1. The University of Iowa, Office of Statewide Clinical Education Programs 2. Iowa Health Care Association 3. Consumer 4. A statewide Family Planning Organization 5. Iowa Association of Community Providers 6. Iowa Primary Care Association 7. Iowa Center on Health Disparities, University of Northern Iowa 8. Mercy Health Network 9. Area Health Education Center, The University of Iowa 10. Iowa Alliance in Home Care 11. Magellan Behavioral Care of Iowa 12. University of Iowa, College of Public Health 13. Iowa Pharmacy Association

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	<ul style="list-style-type: none"> 14. Iowa Hospital Association 15. Iowa Osteopathic Medical Association 16. Iowa State University Department of Economics 17. Iowa Health System
Meeting Frequency	Minimum of four meetings per year
Expenses Reimbursement	Resources in the amount of \$172,000 were identified to support these activities. Three (3) FTEs could be supported through the appropriations. Within the department, the Iowa Health Workforce Center established as a result of earlier health and long term care workforce initiatives, was designated to assist the committee and coordinate its efforts. Funding has been reduced to the current amount of \$134,314 (appropriated through the Account for Health Care Transformation, Iowa Dept. of Human Services). Funds pay for 1.7 FTEs to conduct responsibilities associated with the legislative directives including support of the technical advisory committee (HLTCAC).

Due to the breadth and complexity of the tasks assigned to the department as part of [2008 Acts, Chapter 1188](#), the first year was focused on health and long term care workforce concerns. Phase 1 of the Strategic Plan was submitted to the Governor and General Assembly in January 2010. This included specific recommendations regarding the health and long term care workforce in Iowa. The 2012 Strategic Plan, as submitted to the Governor and General Assembly in January 2012, continued to address health care workforce resources and began to address health care delivery infrastructure.

Due to the scope of the legislation and the inability to fully staff the activities, it has been very difficult to move forward in addressing all components of the strategic plan. With the uncertainty of the political climate and the Affordable Care Act legislation members have found it difficult to address infrastructure. Further, other initiatives at both the federal and state levels have addressed some of the work to be performed by the technical advisory committee and staff. Staff and HLTCAC members point to existing efforts such as the Medical Home initiative conducted by the department, the e-Health initiative, the mental health redesign initiative including the mental health workforce workgroup, development of ACOs and other entities that have addressed similar aspects of infrastructure in greater detail as more suited to provide specific recommendations and funding. Furthermore, IDPH does not have regulatory authority over all segments of the health care sector to address the multiple charges.

Specific to health and long term care workforce, the HLTCAC has addressed workforce to a greater extent and have formed more concrete recommendations regarding this topic. They recognize that workforce is one area that has the greatest overall impact on the health care sector overall. At the same time, they have pointed to the lack of a single coordinating body and the fragmentation of multiple strategies conducted by different agencies both public and private for varying professions and special interests.

While the department continues to integrate other programming with these activities, restoration of the funding made possible through the Health Care Transformation Account and potentially additional funds would be necessary to fully implement all directives included in the initial legislation.

Recommendation:

It is the recommendation of the department to rescind the directives included in Section 58 of 135.163 and 135.164. Rather, the department will aggressively address the focus area of health and long term care workforce through existing programs addressing oral and health delivery systems. Specifically, the Rural Health/Primary Care Advisory Committee will target workforce issues impacting health care delivery systems in Iowa. The department will continue to strengthen partnerships with other key stakeholders internal and external to state government addressing health and long term care workforce needs and concerns.

Title: Evaluate the mission of the Perinatal Guidelines Review Committee.

Briefing Document

Issue: The General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the Perinatal Guidelines Committee and Perinatal Advisory Committee.

Background

Iowa Code creates the Perinatal Review Guidelines Review Committee to consult IDPH in the development and maintenance of a regionalized system of perinatal health care. The Perinatal Advisory Committee provides review and counsel to the Statewide Perinatal Program.

Perinatal Guidelines Advisory Committee	
Purpose	The director shall appoint an advisory committee to consult with the department in its development and maintenance of the regionalized system of perinatal health care. This advisory committee should not be confused with the perinatal advisory committee that provides review and counsel to the statewide perinatal care program. (Iowa Code 641 chapter 150.3 (1))
Appointment of Members	Director of IDPH
Membership	Members of the advisory committee shall include a representative from each of the following organizations that chooses to designate a nominee to the director: Iowa Hospitals and Health Systems; Iowa Medical Society; Iowa Osteopathic Medical Association; Iowa Chapter, American Academy of Pediatrics; Iowa Section, American College of Obstetricians and Gynecologists; Iowa Academy of Family Physicians; Iowa Nurses Association; Iowa Association of Neonatal Nurses and; Iowa Association of Women's Health, Obstetrical and Neonatal Nurses <i>b.</i> Nonvoting ex officio members of the committee shall include representatives from: the department of inspections and appeals, the statewide perinatal health care program at the University of Iowa hospitals and clinics and the Bureau of Family Health and the Title V medical director at the department. (Iowa Code 641 chapter 150.3 (2))
Meeting Frequency	The committee shall establish a meeting schedule on an annual basis to conduct its business. Meetings may be scheduled as business requires, but notice to members must be at least five working days prior to the meeting date. A four-week notice is encouraged to accommodate the schedules of members. (Iowa Code 641 chapter 150.3 (4))
Expenses Reimbursement	Expenses of committee members. The following may be considered necessary expenses for reimbursement of committee members when incurred on behalf of committee business and are subject to established state reimbursement rates: a. Reimbursement for travel in a private car.

	b. Actual lodging and meal expenses including sales tax on lodging and meals. c. Actual expense of public transportation. (Iowa Code 641 chapter 150.3 (6))
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Recommendation:

As a result of the above analysis, the Department recommends the General Assembly amend Iowa Code to allow for the consolidation of the Perinatal Guidelines Advisory Committee and the Perinatal Advisory Committee to achieve the following benefits:

1. Recognizes the limited staffing resources available to IDPH for regionalized system of Perinatal Care and the Statewide Perinatal Program and eliminates the need to prepare and support separate meetings for groups with similar goals.
2. Would allow one group of volunteers to be appointed by the Director to provide consultation to the department regarding the regionalized system of perinatal care and provide review and counsel to the statewide perinatal care program.
3. This action will simplify meeting attendance and reduce travel related costs since meetings would be combined.
4. Since our committee consists of health care providers many who volunteer on both committees this would decrease the number of days they would be out of their office. This would make it easier to fill vacancies on the committee.

Title: Evaluate the mission of the Iowa AIR Coalition and the Healthy Homes and Lead Advisory Committee

Briefing Document

Issue: General Assembly has requested IDPH to evaluate boards, councils, and committees for potential identification of efficiencies and duplication across groups. This background paper evaluates the two bodies that provide input and guidance on certain environmental health programs in the department.

Background

The Iowa Department of Public Health created these separate bodies in response to grant programs that were originally established to address separate environmental health issues. The Iowa AIR coalition was established to address radon issues in Iowa, while the Healthy Homes and Lead Advisory committee was established as an advisory body for issues relating to childhood lead poisoning. In time, each of the bodies has broadened their respective fields of interest into a more comprehensive healthy housing approach.

	Iowa AIR Coalition	Healthy Homes & Lead Advisory Committee
Purpose	To promote radon awareness and expand efforts to address whole house concerns when addressing environmental health risks in residential housing. The coalition advises IDPH on strategies to educate Iowans on risks from radon and other environmental exposures, and assist in the implementation of those education strategies.	To review and evaluate childhood blood lead poisoning problems across Iowa and to provide input on strategies to reduce exposure to and risks from exposure to lead based paint and other sources of lead. More recently, CDC has encouraged states to approach housing concerns on a more holistic approach to evaluate other potential environmental exposures in the home, such as chemical exposures, fire hazards, carbon monoxide hazards, etc.
Appointment of Members	Members are not officially appointed by IDPH. Membership is driven by recruitment and volunteers interested in advancing education on health and housing matters.	Members are not officially appointed by IDPH. Membership is driven by recruitment and volunteers interested in advancing education on health and housing matters.
Membership	Local Public Health Officials	Local Public Health Officials, Local Housing Officials, Advocacy groups, State Agencies
Meeting Frequency	Approximately Quarterly	Varies, depending on grant needs
Expenses Reimbursement	None	None
Special Provisions	None	None

Recommendation

IDPH will consider how to align the efforts of these committees and work to merge efforts as appropriate with the potential to combine them into a single committee.

Appendix A: Entities that are not licensure boards for health care professionals.

Name of Entity	Why was this entity established?				Please identify funding sources (i.e. federal funds, state appropriations, other)	Discussion of duplication.			
	Established by (IDPH, Code, Admin Rules)	Code Citation	Administrative Rule Citation	If IDPH convened, for what purpose?		Are there similarly convened entities in state government?	Are other state entities involved in the similar issues/directives?	Are there similarly convened entities in the private/nonprofit sectors?	It this entity compatible with current IDPH programs?
ADAP Advisory Committee	IDPH			Convened to fulfill federal grant requirements.	No Dedicated Funding Source	None	None	None	Yes
Advisory Council on Brain Injuries	Iowa Code and Administrative Rules	135.22A	641 - 55.1		State Appropriation	None	None	Department of Human Services (DHS) Mental Health and Disability Services Commission	Yes
Center for Rural Health and Primary Care Advisory Committee	Iowa Code	135.107			State Appropriation	None	None	None with the specific focus on rural areas.	Yes
Child Death Review Team	Iowa Code and Administrative Rules	135.43	641 - 90		No Dedicated Funding Source	None	None	DHS to a small degree, in their Bureau of Adult, Child, and Family Welfare. Yes, it relates to the child abuse prevention work in communities.	Yes
Congenital and Inherited Disorders Advisory Committee	Iowa Code and Administrative Rules	136A	641 - 4		No Dedicated Funding Source	None	None	None	Yes
Direct Care Worker Advisory Council	Session Law				State Appropriation	None	None	Yes, similar issues but not directives. DIA has direct care worker registry. IDA has in the past worked on Alzheimer's/dementia training for direct care.	Not specific to this purpose, but Iowa CareGivers Association advocates for issues like this. They are specific to one group, unlike Council which is diverse stakeholders.
Domestic Abuse Death Review Team	Iowa Code and Administrative Rules	135.11	641 - 91		No Dedicated Funding Source	None	None	Child Death Review Team. Scope is different.	Yes
Early Hearing Detection and Intervention Advisory Committee	Administrative Rules		641 - 3.4	Advisory entity for the IDPH Early Hearing Detection and Intervention Program.	Federal Funding	None	None	None	Yes
E-Health Advisory Council	Iowa Code	135.156			Federal Funds State Appropriation	None	None	None	Yes
E-Health Executive Committee	Iowa Code	135.156			Federal Funds State Appropriation	None	None	None	Yes
Emergency Medical Services Advisory Council	Iowa Code and Administrative Rules	147A.2	641 - 130.3		Federal Funds State Appropriation	None	None	Board of Medicine and Board of Pharmacy • Emergency Preparedness • Ames Fire Institute • IEMSA • AAccred. Agency for flight services	Yes
Environmental Public Health Tracking (EPHT) advisory group	IDPH			Convened to fulfill federal grant requirements.	No Dedicated Funding Source	None	None	Other state agencies participate on this committee.	Yes
Governmental Public Health Advisory Council (PH Modernization)	Iowa Code	135A			State Appropriation	None	None	None	Yes
HAI-CAUTI (catheter associated urinary track infections)	IDPH			Convened as an advisory entity on the issue of HAI-CAUTI for IDPH's CADE.	Federal Funding	None	None	Iowa Healthcare Collaborative	Yes

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HAI-CDI (<i>Clostridium difficile</i> Infection)	IDPH			Convened as an advisory entity on the issue of HAI - CDI for IDPH's CADE.	Federal Funding	None	None	Iowa Healthcare Collaborative	Yes
Health & Long-Term Care Access Advisory Council - in law: "technical advisory committee"	Iowa Code	135.164			State Appropriation	There is no other single entity to address all components of the strategic plan. Other agencies may focus on targeted areas.	Workforce assessment and strategies could be integrated with other programs and state agencies addressing workforce strategies.	None	The legislation is broader than the IDPH mission. Health care access for all Iowans including the health and long term care workforce are those components most closely aligned with the department's mission. CON pieces could be considered for State Health Facilities Council.
Health Facilities Council (AKA CON)	Iowa Code	135.62			State Appropriation	None	None	None	Yes
Healthy Homes and Lead Advisory Committee	IDPH			Convened to fulfill federal grant requirements.	No Dedicated Funding Source	None	Other state agencies participate on this committee.	Yes, nationally.	Yes
Hemophilia Advisory Council	Iowa Code	135N.5			No Dedicated Funding Source	None	None	Hemophilia of Iowa	Recommend its repeal.
Immunization Advisory Group	IDPH			Convened as an advisory entity for the IDPH Immunization Program.	No Dedicated Funding Source	None	None	None	Yes
Infectious Disease Advisory Council	IDPH			Convened as an advisory entity on the issue of infectious diseases for IDPH's CADE.	No Dedicated Funding Source	None	None	None	Yes
Infertility Prevention Program Advisory Council	IDPH			Convened as part of recommended grantee activities by the Center for Disease Control (CDC).	No Dedicated Funding Source	None	None	None	Yes
IOSME Advisory Council	Iowa Code	691.6C			No Dedicated Funding Source	None	None	None	Yes
Iowa Antibiotic Resistance Task Force	IDPH			Convened as an advisory entity on the issue of antibiotic resistance for the IDPH Center for Acute Disease and Epidemiology (CADE).	No Dedicated Funding Source	None	None	None	Yes
Iowa Asthma, Indoor Air, Radon (AIR) Coalition	IDPH			Convened to fulfill federal grant requirements.	Federal Funding	None	None	Iowa Radon Coalition, but it is focused on advocacy.	Yes

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	Established by (IDPH, Code, Admin Rules)	Code Citation	Administrative Rule Citation	If IDPH convened, for what purpose?		Are there similarly convened entities in state government?	Are other state entities involved in the similar issues/directives?	Are there similarly convened entities in the private/nonprofit sectors?	It this entity compatible with current IDPH programs?
Iowa Gambling Treatment & Prevention Program Advisory Committee	IDPH			Convened as an advisory entity on the issue of problem gambling for IDPH's Office of Gambling Treatment and Prevention.	No Dedicated Funding Source	None	<ul style="list-style-type: none"> Iowa Lottery Iowa Racing and Gaming Commission 	<ul style="list-style-type: none"> Iowa Behavioral Health Association Iowa Gaming Association 	Yes
Iowa Healthcare-Associated Infection (HAI) Prevention Steering Committee	IDPH			Convened as an advisory entity on the issue of HAI with regard to federal grant guidance and planning for IDPH's CADE.	Federal Funding	None	None	None	Yes
Iowa HIV Community Planning Group	IDPH			Convened to fulfill federal grant requirements.	Federal Funding	None	None	None	Yes
Iowa Sexual Violence Prevention Planning Committee	IDPH			Convened to fulfill federal grant requirements. Original responsibilities established through September 2008.	Federal Funding	None	Iowa Attorney General's Office	Iowa Coalition Against Sexual Assault	Yes
Iowans Fit For Life Partnership Committee	IDPH			Convened to fulfill federal grant requirements.	Federal Funding	None	None	Healthiest State Initiative and Blue Zones/Healthways Project	Several components are compatible.
Maternal Child Health Advisory Council	Administrative Rules		641 - 76.1(3)	Advisory entity for the IDPH Maternal and Child Health Program.	No Dedicated Funding Source	None	None	None	Yes
Medical Home and Prevention and Chronic Care Management Advisory Council	Iowa Code		135.159		State Appropriation	Other groups exist in state government that are looking at specific areas of the scope of work of the council, however this council is the only one that is looking at medical home, prevention, and chronic disease management as a whole.	Other state entities, such as Iowa Medicaid Enterprise, that are involved in specific pieces of the Council's work are key partners and they often utilize the Council as a vehicle to gain input and feedback.	Other private/nonprofit groups exist that are look at specific and limited areas of the scope of work of the council, however this council is the only one that is looking at medical home, prevention, and chronic disease management as a whole. The Council brings together all of these different topics and moves forward strategies for a patient-centered transformation of the health care system.	This Council is very compatible with current IDPH programs that often participate in meetings and offer subject area expertise include the Diabetes Program and Community Transformation Grant . The Council is also a key vehicle to gain feedback and education on all focus areas of IDPH's Office of Health Care Transformation. Making these links and connections reduces duplication at IDPH and is more efficient.
Occupational Health and Safety Informal Stakeholder Group	IDPH			Convened to fulfill federal grant requirements.	No Dedicated Funding Source	None	Other state agencies participate on this committee.	None	Yes

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	Established by (IDPH, Code, Admin Rules)	Code Citation	Administrative Rule Citation	If IDPH convened, for what purpose?		Are there similarly convened entities in state government?	Are other state entities involved in the similar issues/directives?	Are there similarly convened entities in the private/nonprofit sectors?	It this entity compatible with current IDPH programs?
Office of Minority and Multicultural Health (OMMH) Advisory Council	Iowa Code	135.12			Federal Funding Other Funding	None	The Department of Human Rights and the Office of Latino Affairs are active partners of the Office of Minority and Multicultural Health.	None	Yes
Office of the State Medical Examiner Interagency Council	Iowa Code	691.6B			No Dedicated Funding Source	None		None	Yes
Perinatal Guidelines Advisory Committee	Administrative Rules		641 - 150	Advisory entity for Iowa's Regionalized System of Perinatal Health Care.	No Dedicated Funding Source	None	Perinatal Guidelines Committee. This committee advises on the statewide perinatal care program.	None	Yes
Plumbing and Mechanical Systems Licensing Board	Iowa Code	105			Retained Fees Charged to Licensees	Electrical Board in the Department of Public Safety (DPS).	Implementation and enforcement Iowa's state building code is under the purview of the DPS.	None	Yes, helps to protect water safety and housing safety.
Preparedness Advisory Committee	Administrative Rules		641 - 114	Provides technical assistance and recommendations for public health emergency preparedness activities.	Federal Funding	None	Homeland Security and Emergency Management	None	Yes
Public Health Evaluation Committee (PH Modernization)	Iowa Code	135A			State Appropriation	None		None	Yes
State Board of Health	Iowa Code and Administrative Rules		641 - 136 170.3		State Appropriation	None		None	Yes
Substance Abuse/Problem Gambling Program Licensing Committee (SBOH)	Iowa Code and Administrative Rules	136	641 - 155		No Dedicated Funding Source	None		None	Yes
System Evaluation Quality Improvement Committee	Iowa Code	147A.25			Federal Funds	None • Brain Injury Council • Farm Ag • Connects to EMSAC	None • EMSAC • State Board of Health • Department of Inspections & Appeals	None • American College of Surgeons • American Trauma Society • TQIP • Iowa Trauma Directors	Yes
Tobacco Use, Prevention, and Control Commission	Iowa Code	142A.3			State Appropriation	Yes	Yes	Yes	Yes
Trauma System Advisory Council	Iowa Code	147A.24			Federal Funds	• Injury Prevention • Connects to EMSAC	• Department of Inspections & Appeals	• American College of Surgeons • American Trauma Society • TQIP	Yes
Viral Hepatitis Task Force	IDPH			Convened as part of recommended grantee activities by the Center for Disease Control (CDC).	No Dedicated Funding Source	None		None	Yes
Youth (Tobacco) Executive Council	Iowa Code	142A.9			State Appropriation	Yes	None	None	Yes

Appendix B: Boards under the IDPH Bureau of Professional Licensure

Name of Entity	Established under Iowa Code Chapter	How is this entity funded? Please provide the name of the funding sources.	Discussion of duplication.			
			Are there similarly convened entities in state government?	Are other state entities involved in the similar issues/directives?	Are there similarly convened entities in the private/nonprofit sectors?	It this entity compatible with current IDPH programs?
Board of Athletic Training	152D	<ul style="list-style-type: none"> The Bureau of Professional Licensure in funded by fees charged to licensees per Iowa Code Chapter 147.80. The Bureau has 16 FTE positions to share the duties of the 19 boards. 	<p>Scope of practice similar to PTOT. Could consider merging with the Board of Physical & Occupational Therapy. Legislation required.</p>	Yes, other licensure boards but for different professions.	None	Yes
Board of Barbering	158		<p>Scope of practice similar to Cosmetology Arts & Sciences. Could consider merging with Cosmetology Arts & Sciences Board. Legislation Required.</p>	Yes, other licensure boards but for different professions.	None	Yes
Board of Behavioral Science	154D			Yes, other licensure boards but for different professions.	None	Yes
Board of Chiropractic	151			Yes, other licensure boards but for different professions.	None	Yes
Board of Cosmetology Arts & Sciences	157			Yes, other licensure boards but for different professions.	None	Yes
Board of Dietetic	152A			Yes, other licensure boards but for different professions.	None	Yes
Board of Hearing Aid Dispensers	154A		<p>Could consider merging with Speech pathology & Audiology. Legislation required.</p>	Yes, other licensure boards but for different professions.	None	Yes
Board of Massage Therapy	152C			Yes, other licensure boards but for different professions.	None	Yes

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			Are there similarly convened entities in state government?	Are other state entities involved in the similar issues/directives?	Are there similarly convened entities in the private/nonprofit sectors?	It this entity compatible with current IDPH programs?
Board of Mortuary Science	156			Yes, other licensure boards but for different professions.	None	Yes
Board of Nursing Home Administrators	155			Yes, other licensure boards but for different professions.	None	Yes
Board of Optometry	154			Yes, other licensure boards but for different professions.	None	Yes
Board of Physical & Occupational Therapy	148A 148B			Yes, other licensure boards but for different professions.	None	Yes
Board of Physician Assistants	148C		Scope of practice similar to medical doctors. Could consider merging profession with the Board of Medicine. Legislation required.	Yes, other licensure boards but for different professions.	None	Yes
Board of Podiatry	149			Yes, other licensure boards but for different professions.	None	Yes
Board of Psychology	154B			Yes, other licensure boards but for different professions.	None	Yes
Board of Respiratory Care	152B			Yes, other licensure boards but for different professions.	None	Yes
Board of Sign Language Interpreters & Transliterators	154E			Yes, other licensure boards but for different professions.	None	Yes
Board of Social Work	154C			Yes, other licensure boards but for different professions.	None	Yes
Board of Speech Pathology & Audiology	154F			Yes, other licensure boards but for different professions.	None	Yes

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	<ul style="list-style-type: none"> - All 19 boards legislatively follow IA Code Chapter 17A, 147 and 272C. <ul style="list-style-type: none"> • All 19 boards legislatively follow IA Code Chapter 17A, 147 and 272C. • Common Administrative Rules for all boards: <ul style="list-style-type: none"> o 645 - 4 Board Administrative Processes o 645 - 5 Fees o 645 - 6 Petitions for Rule Making o 645 - 7 Agency Procedure for Rule Making o 645 - 8 Declaratory Orders o 645 - 9 Complaints and Investigations o 645 - 10 Public records and Fair Information Practices o 645 - 11 Contested Cases o 645 - 12 Informal Settlement o 645 - 13 Discipline o 645 - 16 Impaired Practitioner Review Committee o 645 - 17 Materials for Board Review o 645 - 18 Waivers of Variances from Administrative Rules 					

Appendix C: Boards of Nursing, Medicine, Pharmacy, and the Iowa Dental Board.

Name of Entity	Why was this entity established?			How is this entity funded? Please provided the name of the funding sources.	Discussion of duplication.			
	Established by (IDPH, Code, Admin Rules)	Code Citation	Administrative Rule Citation		Are there similarly convened entities in state government?	Are other state entities involved in the similar issues/directives?	Are there similarly convened entities in the private/nonprofit sectors?	It this entity compatible with current IDPH programs?
Board of Nursing	Iowa Code and Administrative Rules	147.13(7)	655	<ul style="list-style-type: none"> The entities listed in this table are all funded by fees charged to licensees per Iowa Code Chapter 147.80 and 147.82. 147.80 147.82 	No	No	No	Yes
Board of Pharmacy	Iowa Code and Administrative Rules	152 147.13(13) 155A	657		No	No	No	Yes
Pharmacy Board Prescription Drug Monitoring Program Advisory Council	Iowa Code	124.551	657 - 37		No	No	No	Yes
Board of Medicine	Iowa Code	147.13(1) 148 148E	653		No	No	No	Yes
Board of Medicine Executive Standing Committee	Administrative Rules		653-1.2		No	No	No	Yes
Board of Medicine Licensure Standing Committee	Administrative Rules		653-1.2		No	No	No	Yes
Board of Medicine Monitoring Standing Committee	Administrative Rules		653-1.2		No	No	No	Yes
Board of Medicine Screening Standing Committee	Administrative Rules		653-1.2		No	No	No	Yes
Iowa Dental Board	Iowa Code	147.13(8) 153			No	No	No	Yes
Dental Board Executive Committee	Administrative Rules		650 - 1.3(5)		No	No	No	Yes
Dental Board Continuing Education Advisory Committee	Administrative Rules		650 - 25.1 650 - 1.3(5)		No	No	No	Yes
Dental Board Hygiene Committee	Iowa Code	153.33A	650 - 1.4		No	No	No	Yes
Dental Board Anesthesia Credentials Committee	Administrative Rules		650 - 29.10(1)		No	No	No	Yes
Dental Board Licensure/Registration Committee	Administrative Rules		650 - 1.3(5)		No	No	No	Yes
Dental Board Central Regional Testing Service, Inc. (CRDTS)	By agreement with CRDTS.				No	No	No	Yes
Dental Board Dental Assistant Registration Committee	Administrative Rules		650 - 1.3(5)		No	No	No	Yes
Dental Board Iowa Practitioners Review Committee	Iowa Code and Administrative Rules	272C.3(1)"k"	650 - 35		No	No	No	Yes
Dental Board Ad Hoc Examination Committee	Administrative Rules		650 - 1.3(5)	No	No	No	Yes	